

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

TRANSMITTAL LETTER FOR SUBMISSION OF
ADVISORY ORGANIZATION FORMS & MANUAL

Your file #: _____
(15 characters maximum)

__ Original __ Copy 1 __ Copy 2

Department Use Only

MANUAL FILING NO.: _____

FORM FILING NO.: _____
(Form #1 From Page 5)

DATE FILED: _____

COMPLIANCE DATE: _____

DATE PUBLIC NOTIFIED: _____

DEEMER DATE: _____

INTAKE ANALYST: _____

BUREAU CODE & SR.: _____

MANUAL ____ FORMS: ____

PERCENT CHANGE %: _____

Advisory Organization Name _____

Organized Under the Laws of the State of _____

Line of Insurance _____ Subline _____
(as selected page #CA-AO 3 of 4) (as selected on page #CA-AO 3 of 4)

Program _____

Home Office _____

Main Administrative Office in California _____

Name and Title of Contact Person _____

Toll Free Phone No.: (____) _____ Fax No.: (____) _____
If not available, collect calls will be made.

E-MAIL Address (if available): _____

Mailing Address _____

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

Authorized Signature

Date of Filing

Telephone Number

ADVISORY ORGANIZATION FORMS & MANUAL TRANSMITTAL LETTER DATA SHEET

Each filing or modification must meet the filing requirements of sections 2199.2.6 and 2199.2.7 or the submissions will be REJECTED.

MANUAL FILING

The purpose of this filing is as follows: (More than one item may be marked.)

Documents or Information Required

- | | |
|---|--|
| <input type="checkbox"/> New Program Manual | Explain purpose and intent of new manual |
| <input type="checkbox"/> Revision or Replacement Manual
revising or replacing the following: | CDI File # of approved manual
this submission replaces _____ |
| <input type="checkbox"/> Policy Writing Rules | Describe each revision, explain reasons for each revision, and include a copy of the revised or replaced manual. |
| <input type="checkbox"/> Rating Rules | |
| <input type="checkbox"/> Rating Plans | |
| <input type="checkbox"/> Classification Codes & Descriptions | |
| <input type="checkbox"/> Territorial Codes & Descriptions | |
| <input type="checkbox"/> Prospective Loss Costs | |

TITLE OF MANUAL: _____

FORM FILINGS

- | | |
|--------------------------------|---|
| <input type="checkbox"/> FORMS | Complete Page 4 of the CA-AO-FORMS & MANUAL |
|--------------------------------|---|

Documents to be Filed

Describe the purpose of the form or form change.

For NEW FORMS, furnish a copy of the form to be filed. If the form is a new endorsement to the policy, describe any changes in coverage under the policy. Describe what adjustments, if any, will be made to the premium due to the introduction of the forms.

For REVISED FORMS, describe any changes in coverage between the proposed form and the current form. Reference pertinent sections of each form affected. Brackets [] should be used to identify any deletions on the current form and underline all changes in the revised form. Describe what adjustments, if any.

LINE OF BUSINESS: Only one line may be accepted:

	<u>LINE:</u>	<u>SUBLINE:</u> (Only the following sublines should be designated.)
<input type="checkbox"/>	PERSONAL LINES:	
	_____ Fire	
	_____ Allied Lines	
	_____ Homeowners Multi-Peril	<u>Personal</u>
<input type="checkbox"/>	COMMERCIAL LINES:	
	_____ Commercial Multi-Peril	_____ Mobile Homeowners
	_____ Earthquake	_____ Motorcycle
	_____ Farmowners Multi-Peril	_____ Pleasure Boats
	_____ Inland Marine	_____ Umbrella/Excess
	_____ Medical Malpractice	_____ Other (Please Specify) _____
	_____ Other Liability	_____ None
	_____ Auto Liability	
	_____ Auto Physical Damage	
	_____ Auto Liab. & Phys. Dmg.	<u>Commercial</u>
	_____ Aircraft	_____ Businessowners
	_____ Glass	_____ Liquor Liability
	_____ Burglary & Theft	_____ Manufacturers & Contractors
	_____ Boiler & Machinery	_____ Owners, Landlords, & Tenants
	_____ Fidelity	_____ Other Professional Liability
	_____ Surety	_____ Product Liability
	_____ Miscellaneous	_____ Special Multi-Peril
		_____ Umbrella/Excess
		_____ Other (Please specify) _____
		_____ None

Advisory Organization (AO)
California Forms Transmittal Supplement

1. Put only one line of business per sheet
2. Type of Form: (1) Application, (2) Endorsement, (3) Policy, or (4) Other
3. Form category: (1) Optional or (2) Mandatory
4. For revised forms, attach side-by-side comparison. Strike over material being deleted and underline new material.

	CDI FILE NO. (LEAVE BLANK)	TYPE OF FORM	NEW AO FORM NO.	OLD AO FORM NO.	TITLE OF FORM	FORM CATEGORY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						